County: Sheboygan
ST NICHOLAS TRANSITIONAL CARE
1601 TAYLOR DRIVE
SHEBOYGAN 53081 Phone: (920) 684-7171
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/00): 15
Total Licensed Bed Capacity (12/31/00): 15
Number of Residents on 12/31/00: 6

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Non-Profit Church Related Skilled No Yes 6 Page 1

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/0	0) %			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	100. 0 0. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under_65	16. 7	More Than 4 Years	0. 0
Day Services	No	Mental Illness (0rg. /Psy)	0.0	65 - 74	33. 3		400.0
Respite Care	No	Mental Illness (0ther)	0.0	75 - 84	50. 0		100.0
Adult Day Care	No	Al cohol & Other Drug Abuse	0.0	85 - 94	0.0	E-11 Time Faulual	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Adult Day Health Care	No No	Para-, Quadra-, Hemi plegic	0. 0 0. 0	95 & 0ver	0.0	Full-Time Equival	ent Dogiđenta
Congregate Meals Home Delivered Meals	No No	Cancer   Fractures	16. 7		100. 0	Nursing Staff per 100 (12/31/00)	kesi dents
Other Meals	No	Cardi ovascul ar	33. 3	65 & 0ver	83. 3	(12/31/00)	
Transportation	No	Cerebrovascul ar	0. 0		00. 0	RNs	
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	•
Other Services	No	Respiratory	0. 0			Nursing Assistants	•
Provi de Day Programming for		Other Medical Conditions	50. 0	Male	66. 7	Aides & Orderlies	
Mentally Ill	No			Female	33. 3		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
Mentally III Provide Day Programming for Developmentally Disabled ************************************		**********		Female		********	*****

## Method of Reimbursement

		Medi (Ti tl		(	Medic Title			0th	er Per Diem		ri vate	Pay Per Diem			d Care Per Diem	Total	Percent 0f All
Level of Care	No.	%		No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	5	100 0	\$249.00	0	0. 0	\$0. 00	0	0. 0	\$0.00	1	100 0	\$450.00	0	0. 0	\$0.00	6	100. 0%
Skilled Care	ŏ			ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ō	0.0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	t 0	0. 0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		0	0.0		0	0.0		1	100.0		0	0.0		6	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period Total % Needing Activities of Assi stance of Number of Percent Admissions from: % Totally Private Home/No Home Health 0.0 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Baťhi ng 0.0 83.3 16. 7 6 Other Nursing Homes 0.0 Dressi ng 0.0 83.3 16. 7 6 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 66. 7 100 0.0 33. 3 6 0.0 33.3 0.0 Toilet Use 66. 7 Eati ng \*\*\*\*\*\*\*\*\*\* 0.0 100.0 0.0 0.0 Other Locations \*\*\*\*\* 0.0 Total Number of Admissions 199 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 16.7 16. 7 Private Home/No Home Health 34. 2 Occ/Freq. Incontinent of Bladder 0.0 0.0 Private Home/With Home Health 42.7 Occ/Freq. Incontinent of Bowel 16.7 0.0 Other Nursing Homes 9. 5 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 4.5 Mobility 0.0 Physically Restrained 0.0 0.0 0.0 0.0 Other Locations 6.0 Skin Care Other Resident Characteristics Deaths 3.0 With Pressure Sores 16. 7 Have Advance Directives 50.0 Total Number of Discharges With Rashes Medi cati ons 16. 7 199 Receiving Psychoactive Drugs 16. 7 (Including Deaths)

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	Other Hospital-	I	<b>Al l</b>
	Facility	Based Facilities	Faci	lties
	%	% Ratio	%	<b>Ratio</b>
Occupancy Rate: Average Daily Census/Licensed Beds	40. 0	87. 5 0. 46	84. 5	0.47
Current Residents from In-County	83. 3	83. 6 1. 00	77. 5	1.08
Admissions from In-County, Still Residing	2. 5	14. 5 0. 17	21. 5	0. 12
Admi ssi ons/Average Daily Census	3316. 7	194. 5 17. 05	124. 3	26. 69
Discharges/Average Daily Census	3316. 7	199. 6 16. 61	126. 1	26. 31
Discharges To Private Residence/Average Daily Census	<b>2550.</b> 0	102. 6 24. 86	49. 9	51. 14
Residents Receiving Skilled Care	100. 0	91. 2 1. 10	83. 3	1. 20
Residents Aged 65 and Older	83. 3	91. 8 0. 91	87. 7	0. 95
Title 19 (Medicaid) Funded Residents	0. 0	66. 7 0. 00	<b>69.</b> 0	0.00
Private Pay Funded Residents	16. 7	23. 3 0. 72	22. 6	0.74
Developmentally Disabled Residents	0. 0	1.4 0.00	7. 6	0.00
Mentally Ill Residents	0. 0	30. 6 0. 00	33. 3	0.00
General Medical Service Residents	<b>50.</b> 0	19. 2 2. 60	18. 4	2.71
Impaired ADL (Mean)*	53. 3	51. 6 1. 03	49. 4	1.08
Psychological Problems	16. 7	52. 8 0. 32	50. 1	0. 33
Nursing Care Required (Mean)*	6. 3	7. 8 0. 80	7. 2	0.87